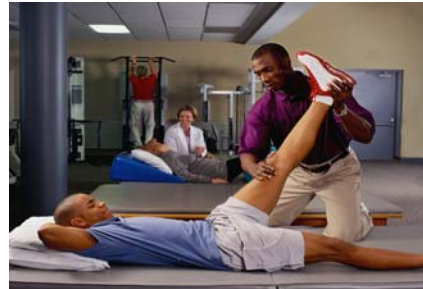

Outpatient Physical Therapy or Speech Pathology (OPT/OSP) Provider Initial Application Process

What is an OPT/OSP provider?

An OPT/OSP provider provides an integrated interdisciplinary rehabilitation program designed to upgrade the physical functioning of disabled individuals by bringing specialized rehabilitation staff together to perform as a team and provide at a minimum the following services: physical therapy or speech-language pathology services and social or vocational adjustment services.



How do I become an OPT/OSP provider?

To establish Medicare Certification of an OPT/OSP provider, an applicant must complete and submit an application packet. Application materials can be found below or requested through the Bureau of Facility Standards at (208) 334 - 6626.

What is included in the Certification application packet?

The application packet includes what must be submitted and approved by the Bureau of Facility Standards prior to an initial survey (items #1 - #4) and resource information related to OPT/OSP providers (items #5 - #7) as follows:

1. [Request to Establish Eligibility - CMS-1856](#),
2. [Health Insurance Benefits Agreement - CMS-1561A](#), (**Two Originals Required**)
3. "Office of Civil Rights Clearance for Medicare Certification" (OCR) packet [Request and Assurance of Compliance](#) form.
4. Fiscal year ending date [form](#).
5. [Appendix E](#), Guidance to Surveyors: Outpatient Physical Therapy or Speech Pathology Services
6. [Appendix Q](#), Guidelines For Determining Immediate Jeopardy
7. [CMS Letter, S&C-08-03 Initial Surveys](#)
8. OPT/OSP Survey Report - [CMS-1893](#),

How do I complete the Certification application?

1. The OPT/OSP Survey Report - CMS-1893 (Item #8) is used by the Bureau of Facility Standards to determine whether or not the provider meets the federal regulatory requirements for OPT/OSP services. It is provided as a reference. If, after you have reviewed all of the requirements listed on the CMS-1893 form, you decide to apply for

certification by Medicare as an OPT/OSP provider, then complete the application forms (Items #1- #4), and return them to the Bureau of Facility Standards.

2. Please ensure that all questions are answered when completing the application information indicated in items #1- #4 above. Please ensure that there are two originals of the Health Insurance Benefits Agreement - CMS-1561A (item #2 above) and that the two-page checklist at the front of the "Office of Civil Rights (OCR) Clearance for Medicare Certification" packet (item #3 above) is completed and signed. All hand-printed applications must be clearly printed and easily readable.

Where do I send my completed Certification application materials?



The application materials can be submitted by mail and/or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS.

1. If you are mailing the application packet, mail to:

Department of Health and Welfare
Bureau of Facility Standards
P.O. BOX 83720
BOISE, ID 83720-0036

2. If you are hand delivering the application packet, deliver to:

Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
Boise ID 83705

What happens after I submit my Certification application materials?

Bureau of Facility Standards staff will review the materials you submitted. If the application is incomplete or if there are questions, Bureau staff will contact you. Once the application materials have been approved and after we have received notification from the Medicare Fiscal Intermediary that the CMS-855A (Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries) application has been approved, we will contact you to discuss when an initial survey may be done. **Please see below for additional information related to the CMS-855A.**

How long will the Certification application process take?

The length of the application process for Initial Certification of an OPT/OSP provider varies depending on multiple factors such as whether or not the application is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the application review and initial survey, etc. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes. **However, due to limited staff resources and the need to accomplish higher priority work to meet our contractual agreement with CMS, this office is unable to complete initial certification surveys, now or in the foreseeable future. Please refer CMS letter, S&C-08-03, and CMS letter (item #7 above) for additional information regarding initial surveys of OPT/OSP providers.**

Once the survey is completed and the facility is found in compliance with all regulations or an acceptable plan of correction has been submitted, the Bureau of Facility Standards will recommend certification to the Centers for Medicare Regional office for final approval.

How do I get paid for providing services?

The Centers for Medicare/Medicaid Services **require new applicants for OPT/OSP providers complete the form CMS-855A, Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries**, and forward it to the fiscal intermediary/carrier for approval. The form CMS-855A can be accessed on the Internet or requested directly from your fiscal intermediary/carrier:

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/>

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer.

Noridian Administrative Services

P.O. Box 6726

Fargo, ND 58108-6726

888/608-8816

www.noridianmedicare.com

Medicare reimbursement is not retroactive and usually becomes effective only after the survey is completed and you are in compliance with all regulations or have submitted an acceptable plan of correction.

Additional information

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626 or email questions to fsb@dhw.idaho.gov.

Bureau of Facility Standards Informational Letters [Bureau Letters related to OPT/OSP providers.](#)

Health and Welfare Website

Access the Health and Welfare website at www.healthandwelfare.idaho.gov.

Centers for Medicare & Medicaid Services

Access the Centers for Medicare & Medicaid Services website at www.cms.hhs.gov.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD ARMSTRONG – Director

BUREAU OF FACILITY STANDARDS
DEBRA RANSOM, R.N., R.H.I.T. – Chief
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

FISCAL YEAR ENDING

FACILITY NAME:

FISCAL YEAR END DATE:

OWNER/ADMINISTRATOR

DATE